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U.S. PTO

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.

First Inventor or Application Identifier

Hulstedt, Bryan

Title

AIR EJECTION & COMPLIANT GAGE PIN FOR ROD CUTTING
MACHINES

EJ690636602US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
- Specification [Total Pages **33**]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- Drawing(s) (35 U.S.C. 113) [Total Sheets **6**]
(Informal)
- Oath or Declaration [Total Pages **2**]
 - a. Newly executed (original or copy)
 - Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 - i. DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27); EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

ADDRESS : Box Patent Application
Washington, DC 20231

5. Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. Computer Readable Copy
 - b. Paper Copy (identical to computer copy)
 - c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. Assignment Papers (cover sheet & document(s))
8. 37 C.F.R. § 3.73(b) Statement Power of
(when there is an assignee) Attorney
9. English Translation Document (if applicable)
10. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS
Statement (IDS)/PTO-1449 Citations
11. Preliminary Amendment
12. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
 - * Small Entity Statement filed in prior application,
 13. Statement(s) Status still proper and desired
(PTO/SB/09-12) Certified Copy of Priority Document(s)
(if foreign priority is claimed)
 14. Other:
 15. Other:

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

 Continuation Divisional Continuation-in-part (CIP) of prior application No: _____

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	20606	or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)
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Name			
Address			
City	State	Zip Code	
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Name (Print/Type)	Keith Frantz	Registration No. (Attorney/Agent)	37828
Signature	<i>Keith Frantz</i>		
Date	9-22-00		

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FEE TRANSMITTAL

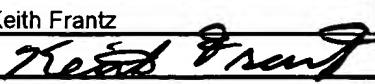
for FY 2000

*Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.*

TOTAL AMOUNT OF PAYMENT (\$)

		Complete if Known			
		Application Number			
		Filing Date			
		First Named Inventor	Hulstedt, Bryan		
		Examiner Name			
		Group / AH Unit			
		Attorney Docket No.			

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)						
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:								
Deposit Account Number								
Deposit Account Name								
<input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17								
2. <input checked="" type="checkbox"/> Payment Enclosed:		<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other				
FEE CALCULATION								
1. BASIC FILING FEE								
Large Entity		Small Entity						
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid				
101 690	201 345	Utility filing fee	690					
106 310	206 155	Design filing fee						
107 480	207 240	Plant filing fee						
108 690	208 345	Reissue filing fee						
114 150	214 75	Provisional filing fee						
SUBTOTAL (1) (\$)		690						
2. EXTRA CLAIM FEES								
Total Claims	16	-20** =	<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>	
Independent Claims	3	-3** =	<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>	
Multiple Dependent							<input type="text"/>	
** or number previously paid, if greater; For Reissues, see below								
Large Entity		Small Entity						
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid				
103 18	203 9	Claims in excess of 20						
102 78	202 39	Independent claims in excess of 3						
104 260	204 130	Multiple dependent claim, if not paid						
109 78	209 39	" Reissue independent claims over original patent						
110 18	210 9	" Reissue claims in excess of 20 and over original patent						
SUBTOTAL (2) (\$)								
* Reduced by Basic Filing Fee Paid								
SUBTOTAL (3) (\$)								

SUBMITTED BY		Complete if applicable			
Name (Print/Type)	Keith Frantz	Registration No. (Attorney/Agent)	37828	Telephone	(815) 987-9820
Signature				Date	9-22-00

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